## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10814442

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE  O			OTHER THAN SMALL ENTITY	
	OTAL CLAIM	1 2	22				RATE	FEE	7	RATE	FEE	
F	OR	NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	<del></del>	OR		<del> </del>	
	OTAL CHARGE	22 minus 20=		• 2			X\$ 9=		OR	XS18=	36	
IN	DEPENDENT	CLAIMS	2 minus 3 ±		· .			X43=	·	OR.	X86=	0
Ľ	ULTIPLE DEPE	ENDENT CLAIM I	PRESENT	RESENT				+145=		OR	+290=	0.
* If the difference in column 1 is less than zero, enter "0"						column 2		TOTAL		OR	TOTAL	806
	(	CLAIMS AS (Column 1)	AMENDE	MENDED - PART II (Column 2) (Co				SMALL	FNTITY	OR	OTHER SMALL	
	T / / CLAIMS		<del>1</del>	HIGHE		(Column 3)			<del>,</del>	<b>7</b>		
AMENDMENT A	3/30/0	REMAINING AFTER AMENDMENT		PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 22	Minus	-2	2	-	X\$ 9≈	X\$ 9=	OR	OR	X\$18=	
	Independent	ENTATION OF M	Minus	3	CI AIA			X43=		OR	X86=	
<u></u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=	-	OR	+290=	
	·										. TOTAL	
		AU.	DIT. FEE (			OUII. FEEL	•					
AMENDMENT B		(Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT		(Colum HIGHE NUMBI PREVIOL PAID F	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** 1		<b>.</b>	5	<b>(\$ 9=</b>		OR	X\$18=	
	Independent	ŀ	Minus	***		e .	<b> </b>	(43= ·	-	OR	X86=	<u> </u>
Ľ	FIRST PRESE	NTATION OF MU	JUTIPLE DEF	PENDENT	LAIM		-	145-			+290=	
						<b>*</b>	Ľ	145= TOTAL	·	OR	TOTAL	
			. •	٠.			ADD	IT. FEE L		OR A	DOT. FEEL	<del></del>
		(Column 1)		(Column		(Cotumn 3)	• • •			٠ _	· · · · ·	:
	`	REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	A SLY	PRESENT EXTRA	R		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	** .		ξ,	×	\$ 9=		OR	X\$18=	Sec.
	Independent	•	Minus	<del>.</del>	·	=	×	43=	-	OR	X86=	· Ni.
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM			45=		OR -	+290=	
H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									~ L	TOTAL DOT, FEE	
	the "Highest Nur he "Highest Num	nber Previously Pai ber Previously Paid	o For IN THE For (Total or	5 SPACE is le Independent	ess than is the i	3, enter "3." nichest number f			poriate box			